Congress of the United States

Washington, DC 20515

March 3, 2006

Chairman Jim Nussle
U.S. House Budget Committee
Room 309
Cannon House Office Building
Washington, DC 20515

Ranking Member John Spratt
House Budget Committee
Democratic Staff
B-71 Cannon House Office Building
Washington, DC 20515

Dear Chairman Nussle and Ranking Member Spratt:

Last September, 280 House members and 92 Senators wrote the President in support of the Administration's goal of eliminating suffering and death due to cancer by the year 2015. This goal, first articulated by the Director of the National Cancer Institute four years ago, challenged the nation to take bold steps in an effort to make exponential gains in the fight against cancer.

As we begin our annual budget process, we urge you to adopt a budget resolution that provides the resources we need to reach that goal.

In the 1990s, we demonstrated that a fiscally responsible budget can include increased investments in medical research. We doubled the National Institutes of Health budget and concurrently balanced the federal budget. Cancer will cost our country $210 billion this year. In light of this figure, our current federal investment of $5 billion per year to fight this disease is, in fact, an economically prudent one.

As you know, the President's budget proposal would cut cancer research and programs by more than $40 million. If we reduce our budgetary commitment to cancer research, we may jeopardize continued returns on the significant investments that we've made up to this point. Putting the country on track to reach the 2015 goal requires us to invest in cancer research and prevention programs that have proven successful. Surely these programs are in part responsible for the first statistical decrease in the number of cancer deaths in the U.S. since data was first collected in the 1930's. In fact, studies show that our strategic investments led to a declining death rate and saved as many as 321,000 lives from 1991 to 2002.

Attached you will find an article entitled "Cancer Research in Danger" which appeared on February 6th in the *Washington Post*. As you can see, it articulates the progress that has resulted from our investments in cancer research, and the potential risks we take if research funds are reduced.

Despite the tremendous progress we have made, cancer still strikes one out of every two men and one out of every three women. This year, it will claim the lives of more than 560,000 Americans. Sustained progress in the fight against this disease

requires a steady, reliable, and sufficient budget commitment, even when hard choices must be made.

Thankfully, we can actually envision a time when cancer-related death and suffering can be prevented. We stand by our commitment to the 2015 Goal by supporting our nation's vital cancer programs.

Sincerely,

Rep. Sue Myrick

Rep. Deborah Pryce

Rep. Collin Peterson

Rep. Clay Shaw

Rep. Steve Israel

Rep. Lois Capps

Cancer Research in Danger

By Martin D. Abeloff and Edward D. Miller
Monday, February 6, 2006; A15

For medical researchers, the National Institutes of Health is a formidable economic engine that powers this country's scientific advances. It hands out grants to more than 212,000 investigators at more than 2,800 universities, medical schools and other research institutions. It is the lifeblood for studies leading to vaccines, antibiotics and new treatments for some of humankind's most devastating illnesses.

In the late 1990s and beginning of this decade, Congress and the president rallied around a plan to double the nation's research commitment in just five years. It's no accident that this surge of research dollars led to remarkably rapid progress. The five-year survival rates for many cancers are improving, and the advances in laboratory, clinical and population research will clearly accelerate this progress.

Unfortunately, however, the focus in Washington seems to be shifting to other fiscal priorities. In the past three budgets, research appropriations slowed dramatically -- and recently they have diminished.

The NIH budget in the current fiscal year rose by less than inflation for the second year in a row. This meant a net loss of buying power, fewer research grants and fiercer competition for the remaining dollars. Even worse, decisions made over the past few months will result in a net budget decrease for NIH -- the first cut in its budget in 36 years and only the third in its history.

When combined with an expected 3.5 percent rise in biomedical costs this year, Washington's decision to cut research funding hits laboratory, clinical and translational investigations (which seek to link medical research to its practical applications). On an inflation-adjusted basis, the current NIH appropriation is smaller than it was four years ago. In constant dollars, NIH funding has declined by more than $1 billion since 2003.

What a dramatic, and disturbing, turnaround. Shrinking research support could have ramifications even for the nation's best medical investigators.

For instance, five faculty members at Johns Hopkins's Kimmel Cancer Center -- Bert Vogelstein, Kenneth Kinzler, James Herman, Stephen Baylin and David Sidransky -- recently were recognized by Science Watch newsletter as the most influential researchers in oncology, based on the number of times their work was cited in scientific studies in the past decade. (An earlier report named Vogelstein the world's most-cited researcher over a 20-year span, with a remarkable 106,401 references to his work in other studies.) All of these cancer investigators have depended heavily on NIH grants throughout their careers. All are working on highly promising projects.

Vogelstein and Kinzler are widely regarded as the leading experts in molecular genetics and were largely responsible for defining cancer as a disease of genetic mistakes. They've invented genetic screening tests that identify people at high risk of colorectal cancer.

Herman and Baylin are pioneers in a new field known as epigenetics, the study of gene alterations that occur without DNA mutations. They are credited with pioneering research into molecular changes that can stop the formation of tumors.

Sidransky is a leader in the study of cancer biomarkers, which are the earliest molecular changes in the cancer process. His work led to the development of screening tests for cancer.

Though these five investigators are the best in their field, their work could be slowed or greatly diminished by the squeeze in NIH funding.

Scientists across the country have seen delays in processing grant applications, elimination of cost-of-living allowances for multiyear grants and cuts in continuing grants previously awarded. For young researchers, there is the real danger that they may not receive any NIH funding. Some of our best and brightest young investigators -- the next generation of Vogelsteins -- may leave the profession. What a loss that would be for American biomedical research.

Given recent discoveries that have dramatically increased our understanding of complex aspects of cancer, we are positioned to make significant breakthroughs in the next decade -- but only if federal support is strengthened.

We have reached a pivotal moment in medical history. None of us wants to cut back on the exciting studies at the Kimmel Cancer Center and other research programs. Reducing and eventually eliminating the death and suffering from cancer in all its forms would be a stunning achievement. It is a goal our leaders should embrace with enthusiasm rather than slowing financial backing for this nation's medical research.

Martin D. Abeloff is director of the Kimmel Cancer Center at Johns Hopkins. Edward D. Miller is dean and chief executive of Johns Hopkins Medicine.